

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Cubin For Congress, Inc.

ADDRESS (number and street)  
▼

P.O. Box 4657

☐Check if different  
than previously  
reported. (ACC)

Casper

WY

82604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00290155

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

WY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

03

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Bratton Sr.

Signature of Treasurer

Electronically Filed by Richard Bratton Sr.

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Cubin For Congress, Inc.

Report Covering the Period:

From:

M M  
0 8D D  
0 3Y Y Y Y  
2 0 0 6

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 6

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 278033.83               | 906937.74                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 2492.65                 | 5992.65                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 275541.18               | 900945.09                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 166321.33               | 597870.98                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 6857.61                 | 12097.83                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 159463.72               | 585773.15                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 324999.57               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | .00                     |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | .00                     |                                    |

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Cubin For Congress, Inc.

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 0 | 3 | 2 | 0 | 0 | 6 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 9 | 3 | 0 | 2 | 0 | 0 | 6 |

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   | 65968.00                      | 204541.00                          |
| (i) Itemized (use Schedule A).....  | 18171.18                      | 66560.18                           |
| (ii) Unitemized.....  | 84139.18                      | 271101.18                          |
| (iii) TOTAL of contributions from individuals..... ▶  | 10902.00                      | 11902.00                           |
| (b) Political Party Committees.....   | 182992.65                     | 623934.56                          |
| (c) Other Political Committees (such as PACS).....  | .00                           | .00                                |
| (d) The Candidate.....  | 278033.83                     | 906937.74                          |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                |                               |                                    |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....   | .00                           | 1000.00                            |
| 13. LOANS   |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | .00                           | .00                                |
| (b) All Other Loans.....  | .00                           | .00                                |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | .00                           | .00                                |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....                                 |                               |                                    |
|   | 6857.61                       | 12097.83                           |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....   |                               |                                    |
|   | .00                           | 1259.98                            |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 284891.44                     | 921295.55                          |

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 166321.33                     | 597870.98                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                   | .00                           | .00                                |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....               | .00                           | .00                                |
| (b) Of all Other Loans.....  | .00                           | .00                                |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....            | .00                           | .00                                |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                       |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees.....        | .00                           | .00                                |
| (b) Political Party Committees.....                                    | 1000.00                       | 1000.00                            |
| (c) Other Political Committees<br>(such as PACs).....                  | 1492.65                       | 4992.65                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))..... | 2492.65                       | 5992.65                            |
| 21. OTHER DISBURSEMENTS.....   | 23972.78                      | 28635.24                           |
| 22. TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) ➤  | 192786.76                     | 632498.87                          |

## III. CASH SUMMARY

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 232894.89 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 284891.44 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 517786.33 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 192786.76 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 324999.57 |

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Allen Freemyer  
Mailing Address 2015 48th St. NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lee & Smith, PC

Occupation  
Lobbyist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 6

Transaction ID: SA23732

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cheri Harriet  
Mailing Address PO Box 3428

City State Zip Code  
Alpine WY 83128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
710.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 6

Transaction ID: SA23756

Amount of Each Receipt this Period

310.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth S. Bergner  
Mailing Address P.O. Box 728

City State Zip Code  
Buffalo WY 82834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23905

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Jerry Blann

Mailing Address PO Box 256

City State Zip Code  
Teton Village WY 83025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Hole Mtn Resort

Occupation  
Mgr

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23908

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. H. Boyd Moreland, P.E.

Mailing Address 1700 Lynwood Place

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23932

Amount of Each Receipt this Period

75.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mrs. Sally Ann Neiman

Mailing Address P.O. Box 218

City State Zip Code  
Hulett WY 82720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neiman Enterprises

Occupation  
Pres./Secr

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23924

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Derrick Paine, Jr.  
Mailing Address 2580 Teton Pines Drive

City State Zip Code  
Wilson WY 83014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23930

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Amos R. Reed  
Mailing Address 5 Red Tail Dr.

City State Zip Code  
Highlands Ranch CO 80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23926

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph R. Tompsett  
Mailing Address 700 East 30th Avenue

City State Zip Code  
Torrington WY 82240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23915

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark Emerson   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6 |
| Mailing Address 138 E. 12300 S.<br>#C-142   |  | <b>Transaction ID:</b> SA24109                                |
| City State Zip Code<br>Draper UT 84020-7976   | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Ellis   | Occupation<br>President                      |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |   |

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ralph R. Whitney   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6 |
| Mailing Address 3441 Hwy 34   |   | <b>Transaction ID:</b> SA23760                                |
| City State Zip Code<br>Wheatland WY 82201-8714  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Hammond Kennedy Whitney   | Occupation<br>Investments                     |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr Michael Gibson  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 12031 N. Sundown Dr.  |  | <b>Transaction ID:</b> SA23939                                |
| City State Zip Code<br>Scottsdale AZ 85260  | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>None  | Occupation<br>Retired                        |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |   |

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Jack K. Nisselius

Mailing Address P.O. Box 3006

City State Zip Code  
 Gillette WY 82717-3006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 850.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA23944

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Ms. Altamae W. Van Sant

Mailing Address 1624 E. Shields Street

City State Zip Code  
 Laramie WY 82072-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA23934

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Robert O. Williamson

Mailing Address 25 Goose Lane

City State Zip Code  
 Sheridan WY 82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA23936

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Phillip Zacharias

Mailing Address PO Box 132

City State Zip Code  
Teton Village WY 83025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA23940

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Donald W. Campbell

Mailing Address 1066 Alta Vista Dr.

City State Zip Code  
Laramie WY 82072

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA23959

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Ms. Vivian Hegna

Mailing Address 1625 Brookview Dr.

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 6

Transaction ID: SA23951

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

A. Full Name (Last, First, Middle Initial)

Mr. Al Hilde, Jr.

Mailing Address Rt. 65 9555 Snake River Road

City State Zip Code  
Jackson WY 83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Businessman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

08 / 11 / 2006

Transaction ID: SA23953

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Dr. Kent Katz

Mailing Address 991 Stafford

City State Zip Code  
Casper WY 82069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

08 / 11 / 2006

Transaction ID: SA23889

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mr. Patrick C. McGuire

Mailing Address PO Box 1088

City State Zip Code  
Cheyenne WY 82003-1088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Info requested

Occupation  
Info requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2006

Transaction ID: SA23952

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. S. Christopher Scrudato  
Mailing Address 174 Old Clinton Rd.

City State Zip Code  
Flemington NJ 08822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MetLife

Occupation  
Acct. Exec.

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 6

Transaction ID: SA23888

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Judith S. Catchpole  
Mailing Address 222 Carriage Circle

City State Zip Code  
Cheyenne WY 82009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
housewife

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: SA23890

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan Lynn Mitchell  
Mailing Address 800 Ross Ave

City State Zip Code  
Gillette WY 82716-4764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: SA24143

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Brian King

Mailing Address PO Box 3241

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rocky Mtn. Weed Contrl

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA24159

Amount of Each Receipt this Period

294.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mrs. Becky Costantino

Mailing Address 90 Fairway Dr.

City State Zip Code  
Douglas WY 82633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Wardrobe consultant

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23978

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Roger L. Mohns

Mailing Address 131 Hammond Rd

City State Zip Code  
Buffalo WY 82834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23968

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1044.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. David H. Crum  
Mailing Address 2873 Ardon Lane

City State Zip Code  
Casper WY 82609-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crum Electric

Occupation  
Manager

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA23980

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ralph W. Myers  
Mailing Address 2260 Belmont Rd.

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA23984

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sheridan Jennings  
Mailing Address 6011 S. Spruce St.

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 6

Transaction ID: SA24010

Amount of Each Receipt this Period

620.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mrs. Jackie King

Mailing Address PO Box 3241

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Congresswoman Cubin

Occupation  
State Director

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
414.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 6

Transaction ID: SA24161

Amount of Each Receipt this Period

414.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Richard Alvord

Mailing Address 4939 Northeast Laurelcrest Lane

City State Zip Code  
Seattle WA 98105-5244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Private Investor

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 6

Transaction ID: SA24045

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Marvin A. Keller

Mailing Address 330 S. Center, Suite 402.

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Geologist

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 6

Transaction ID: SA23995

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1914.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Gene George

Mailing Address PO Box 2775

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gene George & Assoc

Occupation  
Geologist

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 6

Transaction ID: SA24029

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Donald A. Mawhinney

Mailing Address 816 E 22nd St

City State Zip Code  
Cheyenne WY 82001-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24009

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Neil A. McMurry

Mailing Address 5410 E 22nd St.

City State Zip Code  
Casper WY 82609-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McMurry Oil

Occupation  
Oil & Gas Producer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24024

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard T. Robitaille  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 8 / 2 3 / 2 0 0 6                               |
| Mailing Address 2049 Rustic Drive   |  | <b>Transaction ID:</b> SA24023  |
| City State Zip Code<br>Casper WY 82609  | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Petroleum Association   | Occupation<br>Exec. Director                 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mrs. Judith S. Catchpole   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 8 / 2 4 / 2 0 0 6                               |
| Mailing Address 222 Carriage Circle   |  | <b>Transaction ID:</b> SA24112  |
| City State Zip Code<br>Cheyenne WY 82009  | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>housewife   | Occupation<br>housewife                      | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1200.00          |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Doug Cooper  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 8 / 2 4 / 2 0 0 6                               |
| Mailing Address 1025 S. Durbin  |   | <b>Transaction ID:</b> SA24091  |
| City State Zip Code<br>Casper WY 82601  | Amount of Each Receipt this Period<br>40.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Self  | Occupation<br>Rancher                       | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1140.00         |   |

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harry B. Durham, III  
Mailing Address 3101 Hawthorne

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brown, Drew, Massey

Occupation  
Attorney

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24092

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill D. Farleigh  
Mailing Address P.O. Box 3215

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Oil & Gas Exp.

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24081

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Vivian Hegna  
Mailing Address 1625 Brookview Dr.

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24098

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Brian King

Mailing Address PO Box 3241

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rocky Mtn. Weed Contrl

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
314.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24086

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Jim D. Neiman

Mailing Address Box 102

City State Zip Code  
Hulett WY 82720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neiman Enterprises

Occupation  
CEO

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24082

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mrs. Mantha Phillips

Mailing Address P. O. Box 3834

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Real Estate Broker

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24080

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Robert I. Boyer

Mailing Address P.O. Box 523

City State Zip Code  
Wright WY 82732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA24100

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. R. Stanley Lowe

Mailing Address 97 Primrose

City State Zip Code  
Casper WY 82604-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA24110

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Harry Ptasynski

Mailing Address P.O. Box 43

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Geologist

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA24114

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Thomas A. Thorson

Mailing Address P.O. Box 9

City Mills State WY Zip Code 82644

FEC ID number of contributing federal political committee.

C

Name of Employer  
Black Hills Bentonite

Occupation  
Mining Exec.

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA24113

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Zane L. Fross

Mailing Address 3115 Badwater Rd.

City Lysite State WY Zip Code 82642

FEC ID number of contributing federal political committee.

C

Name of Employer  
RW Spratt & Sons

Occupation  
Ranch Hand

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: SA24127

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Jon C. Nicolaysen

Mailing Address 1134 S. Wolcott

City Casper State WY Zip Code 82601

FEC ID number of contributing federal political committee.

C

Name of Employer  
Rancher

Occupation  
Self Employed

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: SA24126

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Duane Zavadil

Mailing Address 6400 Meadowood Ln

City State Zip Code  
 Sedalia CO 80135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 9 / 2 0 0 6

Transaction ID: SA24133

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mrs. Rachel B. Pelissier

Mailing Address P.O. Box 122

City State Zip Code  
 Big Horn WY 82833-0122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA24131

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Dr. Robert Stears, M.D.

Mailing Address Pox 633

City State Zip Code  
 Big Horn WY 82833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 6

Transaction ID: SA24142

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. John W. Moorhouse  
Mailing Address 971 Pamela Circle

City State Zip Code  
Maineville OH 45039-8514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 6

Transaction ID: SA24145

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul L. Peters  
Mailing Address 3850 E 14th St. Unit U

City State Zip Code  
Casper WY 82609-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 6

Transaction ID: SA24141

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Cunningham, III  
Mailing Address 3800 Aspen PI

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 6

Transaction ID: SA24140

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Dr. Geoffrey Smith

Mailing Address PO Box 670

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 6

Transaction ID: SA24144

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Dr. Martin H. Ellbogen, M.D.

Mailing Address 1042 S Durbin

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M H Ellbogen PC

Occupation  
Doctor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 6 / 2 0 0 6

Transaction ID: SA24498

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mrs. Delia A. Lamb

Mailing Address P.O. Box 558

City State Zip Code  
Dubois WY 82518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 6 / 2 0 0 6

Transaction ID: SA24279

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Ms. Pat Thorson

Mailing Address 5316 E 22nd Street

City State Zip Code  
Casper WY 82609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 6 / 2 0 0 6

Transaction ID: SA24497

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Eli Bebout

Mailing Address 112 Big Bend

City State Zip Code  
Riverton WY 82501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Businessman

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24520

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Maurice W Brown

Mailing Address 614 S. Greeley Hwy.

City State Zip Code  
Cheyenne WY 82007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town and Country

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24536

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Dr. E. Lee Brubaker, M.D.  
Mailing Address 829 S. Durbin ST

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Doctor

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24543

Amount of Each Receipt this Period

75.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Cole  
Mailing Address 425 Cole Shopping Center

City State Zip Code  
Cheyenne WY 82001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cole Corporation

Occupation  
Developer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24533

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C. Dilts  
Mailing Address P.O. Box 707

City State Zip Code  
Douglas WY 82633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Cattle Rancher

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24547

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Gov. Jim Geringer

Mailing Address 190 Preuit Rd.

City State Zip Code  
Wheatland WY 82201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Consultant

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24528

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mrs. Sherri Geringer

Mailing Address 190 Preuit Rd.

City State Zip Code  
Wheatland WY 82201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24555

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Ms. Carol A. Holland

Mailing Address 1010 Randall Avenue No. 2

City State Zip Code  
Cheyenne WY 82001-7231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24549

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. David S. Kahne

Mailing Address 1709 Person St.

City State Zip Code  
Laramie WY 82070
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired
Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24535

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)

Mrs. Marian H. Rochelle

Mailing Address P.O. Box 1145

City State Zip Code  
Cheyenne WY 82003
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired
Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24550

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.** Full Name (Last, First, Middle Initial)

Mr. Joseph F. Rovani, Jr.

Mailing Address 5635 Sunset Dr.

City State Zip Code  
Laramie WY 82070-5721
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Research Inst.Occupation  
Scientist
Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24524

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

A. Full Name (Last, First, Middle Initial)

Mrs. Jane Bon Swanton

Mailing Address 1028 South Beech

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24546

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mr. Ralph R. Tompsett

Mailing Address 700 East 30th Avenue

City State Zip Code  
Torrington WY 82240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA24525

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mr. Robert I. Boyer

Mailing Address P.O. Box 523

City State Zip Code  
Wright WY 82732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24490

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Josh Bradbury

Mailing Address 26 Shoreline

City State Zip Code  
 Newport Coast CA 92657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teaze of California

Occupation  
Owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24495

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Daniel E. Breece

Mailing Address P.O. Box 436

City State Zip Code  
 Lander WY 82520-0436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fremont Broadcasting

Occupation  
Broadcaster

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24233

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Al Hilde, Jr.

Mailing Address Rt. 65 9555 Snake River Road

City State Zip Code  
 Jackson WY 83001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Businessman

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24227

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Sullivan  
Mailing Address 124 North 12th Street

City State Zip Code  
Thermopolis WY 82443-2110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cork Petroleum Inc.

Occupation  
Oil Producer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24228

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Buck Wilkerson  
Mailing Address 45 Dale Drive

City State Zip Code  
Cody WY 82414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24231

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert O. Williamson  
Mailing Address 25 Goose Lane

City State Zip Code  
Sheridan WY 82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24232

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

A. Full Name (Last, First, Middle Initial)

Mr. Eugene Walck, Jr.

Mailing Address PO Box 535

City State Zip Code  
Saratoga WY 82331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt

09 / 12 / 2006

Transaction ID: SA24237

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mr. Peyton Yates

Mailing Address 105 S. 4th St.  
Yates Building

City State Zip Code  
Artesia NM 88210-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yates Petroleum

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

09 / 12 / 2006

Transaction ID: SA24238

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mr. Steve P. Bailey

Mailing Address P.O. Box 2622

City State Zip Code  
Gillette WY 82717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bailey Professional

Occupation  
Self

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

09 / 13 / 2006

Transaction ID: SA24270

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Barker  
Mailing Address 246 Sybille Creek Rd.

City State Zip Code  
Wheatland WY 82201-9054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24268

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Victor Garber  
Mailing Address P.O. Box 10

City State Zip Code  
Big Horn WY 82833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24265

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dona Lee Johnson  
Mailing Address P.O. Box 563

City State Zip Code  
Crowheart WY 82512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24272

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles L. Peet  
Mailing Address 13260 S. Bryan Flats Rd.

City State Zip Code  
Jackson WY 83001

FEC ID number of contributing federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24271

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pam Hall  
Mailing Address 326 Crescent Dr

City State Zip Code  
Sheridan WY 82801

FEC ID number of contributing federal political committee.

C

Name of Employer  
Welch Cancer CenterOccupation  
Nurse

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24251

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheri Harriet  
Mailing Address PO Box 3428

City State Zip Code  
Alpine WY 83128

FEC ID number of contributing federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24252

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Ralph Jaeger

Mailing Address 2814 Leslie Ct.

City State Zip Code  
 Laramie WY 82072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24274

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mrs. Betty Lewis

Mailing Address PO Box 403

City State Zip Code  
 Buffalo WY 82834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24273

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. Brian Milota

Mailing Address 4490 Butch Cassidy Trail

City State Zip Code  
 Cheyenne WY 82009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wasatch Bower Repair

Occupation  
Locomotive Mechanic

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24255

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** Mr. H. Boyd Moreland, P.E.

Mailing Address 1700 Lynwood Place

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24277

Amount of Each Receipt this Period

75.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Mr. Harry C. Sager

Mailing Address 814 Thornbranch

City State Zip Code  
Houston TX 77079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24258

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Mr. James E. Simon

Mailing Address 125 Sodergreen Rd.

City State Zip Code  
Laramie WY 82070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24259

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Spano  
Mailing Address 2090 E 104th Suite 301

City State Zip Code  
Denver CO 80233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clear Creek Land

Occupation  
Self Employed

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA24253

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Clifford P. Hansen  
Mailing Address P.O. Box 448

City State Zip Code  
Jackson WY 83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24303

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clifford P. Hansen  
Mailing Address P.O. Box 448

City State Zip Code  
Jackson WY 83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24304

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Kepler  
Mailing Address 1213 Sunshine Ave.

City State Zip Code  
Cody WY 82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24310

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald A. Mawhinney  
Mailing Address 816 E 22nd St

City State Zip Code  
Cheyenne WY 82001-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24296

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Maura Mudd  
Mailing Address 3542 Newark St. Northwest

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24332

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Clarke A. Nelson<br>Mailing Address 3400 Arrow Leaf Ln.<br>City State Zip Code<br>Wilson WY 83014<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer None Occupation Retired<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>500.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24326</b><br>Amount of Each Receipt this Period<br>250.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jack K. Nisselius<br>Mailing Address P.O. Box 3006<br>City State Zip Code<br>Gillette WY 82717-3006<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer None Occupation Retired<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>1100.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24308</b><br>Amount of Each Receipt this Period<br>250.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. William N. Obering<br>Mailing Address P.O. Box 7379<br>City State Zip Code<br>Jackson WY 83001<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Self Occupation Geologist<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>1000.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24319</b><br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |  |  |   |
|---|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Edward C. Reish<br>Mailing Address 1342 S. McKinley<br>City Casper State WY Zip Code 82601<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Retired Occupation Retired<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 300.00                                |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24390</b><br>Amount of Each Receipt this Period<br>200.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. John Rudd<br>Mailing Address 1230 S. Walnut<br>City Casper State WY Zip Code 82601<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Self Occupation Appraiser<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00   |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24394</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. William Scarlett, IV<br>Mailing Address PO Box 10828<br>City Jackson State WY Zip Code 83002<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Information Requested Occupation Information Requested<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 1000.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: SA24388</b><br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Richard H. Vaughan

Mailing Address P.O. Box 458

City State Zip Code  
 Wilson WY 83014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Geologist

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24307

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. Frank Yates, Jr.

Mailing Address 105 S. 4th St.

City State Zip Code  
 Artesia NM 88210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yates Petroleum

Occupation  
Owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24316

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mr. John Yates, Jr.

Mailing Address 105 S 4th St.  
Yates Building

City State Zip Code  
 Artesia NM 88216-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yates Petroleum

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24318

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |                                    |  |
|---|------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. John Yates   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6                                    |
| Mailing Address 105 S.4th St.<br>Yates Building   |                                    | <b>Transaction ID:</b> SA24315   |
| City Artesia  | State NM                           | Amount of Each Receipt this Period<br>500.00   |
| Zip Code 88210-2118   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's<br>Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>Yates Petroleum   | Occupation<br>President            |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph H. Bastien  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6                                    |
| Mailing Address P.O. Box 11   |                                    | <b>Transaction ID:</b> SA24350   |
| City Maitland   | State FL                           | Amount of Each Receipt this Period<br>200.00   |
| Zip Code 32751  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's<br>Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>Trans Am Financial  | Occupation<br>Administrator        |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>550.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Barron G. Collier, II  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6                                    |
| Mailing Address 3001 Tamiami Trail North Ste 207  |                                     | <b>Transaction ID:</b> SA24345   |
| City Palm Beach   | State FL                            | Amount of Each Receipt this Period<br>2100.00  |
| Zip Code 33480  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's<br>Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |  |
| Name of Employer<br>Self  | Occupation<br>Personal Investments  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2100.00 |  |

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Theresa A. Collier   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6 |   |
| Mailing Address 3001 Tamiami Tr. North Suite 207  |                                     | <b>Transaction ID:</b> SA24346                                  |   |
| City<br>Naples  | State<br>FL                         | Zip Code<br>34103   | Amount of Each Receipt this Period<br>2100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |   |
| Name of Employer<br>Self  | Occupation<br>Investments           |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2100.00 |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. John W. Elgin  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6 |   |
| Mailing Address P.O. Box 551  |                                     | <b>Transaction ID:</b> SA24356                                  |   |
| City<br>Cody  | State<br>WY                         | Zip Code<br>82414   | Amount of Each Receipt this Period<br>100.00  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |   |
| Name of Employer<br>None  | Occupation<br>Retired               |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>275.00  |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles H. Lien  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6 |   |
| Mailing Address P.O. Box 440  |                                     | <b>Transaction ID:</b> SA24357                                  |   |
| City<br>Rapid City  | State<br>SD                         | Zip Code<br>57709   | Amount of Each Receipt this Period<br>500.00  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |   |
| Name of Employer<br>Pete Lien & Sons, Inc.  | Occupation<br>Vice Pres.            |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>600.00  |   |   |

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary Andres  
Mailing Address 610 Langston Ln.

City State Zip Code  
Falls Church VA 22046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UP/Overnite

Occupation  
Lobbyist

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24462

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. L.E. Collins  
Mailing Address PO Box 247

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Powerline Const.

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24445

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Conrad A. Lass, Jr.  
Mailing Address 1325 Pennsylvania Ave.

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kennecott Energy

Occupation  
VP

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24359

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roland Litterest  
Mailing Address 1655 N. Greenbrier St.

City State Zip Code  
Arlington VA 22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 Group

Occupation  
Lobbyist

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24463

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Thorson  
Mailing Address P.O. Box 9

City State Zip Code  
Mills WY 82644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Black Hills Bentonite

Occupation  
Mining Exec.

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24444

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Wold  
Mailing Address 139 W 2nd St. Ste 200

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24446

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

|   |                                    |   |
|---|------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Peter I. Wold  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 139 West 2nd St., Suite 200   |                                    | <b>Transaction ID:</b> SA24442                                  |
| City<br>Casper  | State<br>WY                        | Zip Code<br>82601   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>200.00                    |
| Name of Employer<br>Wold Oil Properties, Inc.   | Occupation<br>Mineral Exploration  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|   |                                     |   |
|---|-------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Patrick Bresnan  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 341 Stanwich Rd.  |                                     | <b>Transaction ID:</b> SA24457                                  |
| City<br>Greenwich   | State<br>CT                         | Zip Code<br>06830   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00                   |
| Name of Employer  | Occupation                          |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|   |                                     |   |
|---|-------------------------------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. William Bresnan  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 215 Byram Shore Road  |                                     | <b>Transaction ID:</b> SA24461                                  |
| City<br>Greenwich   | State<br>CT                         | Zip Code<br>06830   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>2000.00                   |
| Name of Employer<br>Bresnan Communications  | Occupation<br>CEO                   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>6000.00 |   |

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Prout  
Mailing Address 6206 Sally Ford Court

City State Zip Code  
Farifax VA 22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FMC Corp

Occupation  
VP, Govt Affairs

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24458

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter M. Kennedy  
Mailing Address P.O. Box 68

City State Zip Code  
Big Horn WY 82833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
None

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 6

Transaction ID: SA24397

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald K. Russell  
Mailing Address P.O. Box 4000

City State Zip Code  
Rawlins WY 82301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 6

Transaction ID: SA24396

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. S. J. Tilden

Mailing Address PO Box 1148

City State Zip Code  
 Cody WY 82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 6

Transaction ID: SA24398

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Ms. Theresa Alfertig

Mailing Address PO Box 1745

City State Zip Code  
 Lander WY 82520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fremont Counseling

Occupation  
Tobacco Prevention

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24426

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Mrs. Nanci H. Andrew

Mailing Address 1501 Brookview

City State Zip Code  
 Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24407

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry G. Bean

Mailing Address 3115 Bella Vista

City State Zip Code  
Casper WY 82601

FEC ID number of contributing federal political committee.

C

Name of Employer  
SelfOccupation  
Accountant

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24439

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra L. Brug

Mailing Address 841 Recluse Rd.

City State Zip Code  
Recluse WY 82725

FEC ID number of contributing federal political committee.

C

Name of Employer  
SelfOccupation  
Rancher

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24433

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl Dederich

Mailing Address 1615 Miracle Ln.

City State Zip Code  
Casper WY 82601

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24418

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara H. Dilts  
Mailing Address 6546 Hwy. 59 HCR-83

City State Zip Code  
Gillette WY 82718-7063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24423

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Hugh Duncan  
Mailing Address 529 Boxelder Canyon Rd.

City State Zip Code  
Glenrock WY 82637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Atty.

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24412

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Fancher, Jr.  
Mailing Address 1801 Broadway Suite 720

City State Zip Code  
Denver CO 80202-3835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Petroleum Engineer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24402

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Larry D. Hayden-Wing

Mailing Address PO Box 1690

City State Zip Code  
 Laramie WY 82073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24419

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Ms. Vivian Hegna

Mailing Address 1625 Brookview Dr.

City State Zip Code  
 Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24421

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Dr. Kent Katz

Mailing Address 991 Stafford

City State Zip Code  
 Casper WY 82069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24429

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Ms. Karen D. Kennedy

Mailing Address 700 W. Sixth St.

City State Zip Code  
 Gillette WY 82716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Oil & Gas Producer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24434

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Mr. G.G. Kortes

Mailing Address Kortes Dam

City State Zip Code  
 Hanna WY 82327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
rancher

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24417

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Honorable Mary MacGuire

Mailing Address 815 S. Durbin

City State Zip Code  
 Casper WY 82601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Bookkeeper

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 625.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24404

Amount of Each Receipt this Period

600.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard D. McKamey

Mailing Address 500 Hillcrest Dr.

City State Zip Code  
Worland WY 82401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24415

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ralph W. Myers

Mailing Address 2260 Belmont Rd.

City State Zip Code  
Casper WY 82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24440

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jon C. Nicolaysen

Mailing Address 1134 S. Wolcott

City State Zip Code  
Casper WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rancher

Occupation  
Self Employed

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24431

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Mr. Joel E. Ohman

Mailing Address P.O. Box 968

City State Zip Code  
Gillette WY 82717-0968
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohmans, Inc.Occupation  
Agriculture

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24416

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)

Mr. Edward C. Reish

Mailing Address 1342 S. McKinley

City State Zip Code  
Casper WY 82601
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24422

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.** Full Name (Last, First, Middle Initial)

Mr. Jim Rudd

Mailing Address 3331 Oxcart

City State Zip Code  
Casper WY 82604
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24441

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cathy A. Schulte

Mailing Address 3605 Ridgecrest

City

Casper

State

WY

Zip Code

82604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAW

Occupation  
Office

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24425

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

65968.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 132

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 First Street S.E.

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4902.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 6

Transaction ID: SA24155

Amount of Each Receipt this Period

4902.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ray Hunkins 4 Governor

Mailing Address PO Box 291

City State Zip Code  
Cheyenne WY 82003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24651

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Craig Thomas

Mailing Address P.O. Box 1580

City State Zip Code  
Casper WY 82602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24022

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5802.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 132

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 First Street S.E.

City State Zip Code  
Washington DC 20003
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
N/A
Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9902.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24283

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)  
Enzi for US Senate

Mailing Address Information Requested

City State Zip Code  
Cody WY 82414
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested
Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

Transaction ID: SA24435

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

5100.00

TOTAL This Period (last page this line number only) .....

10902.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

RJR PAC

Mailing Address P.O. Box 718

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 6

Transaction ID: SA23898

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

USTeam PAC

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 6

Transaction ID: SA23733

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

KPMG PAC

Mailing Address 2001 M Street NW

City State Zip Code  
Washington DC 20036-3389

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23762

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC  
Mailing Address 1200 17th St NW

City State Zip Code  
Washington DC 20036-3097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA23761

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ARCHPAC  
Mailing Address CityPlace One Suite 300

City State Zip Code  
St. Louis MO 63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA23891

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AAMFT PAC  
Mailing Address 112 S. Alfred Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23897

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

## **A.**

Full Name (Last, First, Middle Initial)

KOCHPAC

Mailing Address 655 15th St. NW Suite 445

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23893

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **B.**

Full Name (Last, First, Middle Initial)

NFIB Safe Trust

Mailing Address 1201 F Street, NW, Suite 200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23896

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless PAC

Mailing Address 180 Washington Valley Rd

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23895

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)

WREA PAC

Mailing Address 2312 Carey Ave

City State Zip Code  
Cheyenne WY 82001
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
N/A

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA23894

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

NAWG Wheat PAC

Mailing Address 415 2nd Street NE Suite 300

City State Zip Code  
Washington DC 20052
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA24058

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City State Zip Code  
McLean VA 22102
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
N/A

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 6

Transaction ID: SA23899

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

## **A.**

Full Name (Last, First, Middle Initial)

FLUOR Corporation PAC

Mailing Address 403 East Capitol Street, SE

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA23900

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **B.**

Full Name (Last, First, Middle Initial)

Keep Our Majority PAC

Mailing Address PO Box 20209

City State Zip Code  
 Alexandria VA 22320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA24062

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **C.**

Full Name (Last, First, Middle Initial)

AICPA

Mailing Address Harborside Financial Center  
 201 Plaza Three

City State Zip Code  
 Jersey City NJ 07311-3881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: SA24060

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** American Dental PAC

Mailing Address 1111 - 14th St NW, Ste 1100

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: SA24061

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** General Motors PAC

Mailing Address 25 Massachusetts Avenue

City State Zip Code  
 Wshington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: SA24151

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** MDU Resources Group

Mailing Address PO Box 5650

City State Zip Code  
 Bismarck ND 58506-5650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: SA24156

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Black Hills Power and Light Company PAC

Mailing Address P.O. Box 1400

City State Zip Code  
Rapid City SD 57709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24002

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Questar Better Govt Committee

Mailing Address P.O. Box 45433

City State Zip Code  
Salt Lake City UT 84145-0433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24004

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
The Williams Companies PAC

Mailing Address 1627 Eye Street NW - Suite 900

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA24003

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
AltriaPAC  
Mailing Address 101 Constitution Ave NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24150

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
RADPAC  
Mailing Address 1891 Preston White Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA24149

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SBA List Candidate Fund  
Mailing Address 1420 King Street, Suite 550

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2746.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: SA24157

Amount of Each Receipt this Period

1492.65

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4492.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** ConocPhillips Spirit PAC

Mailing Address 600 N Deming Ashford Rd.

City State Zip Code  
Houston TX 77252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA24340

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Build PAC

Mailing Address 1201 15th Street NW

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24469

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Echostar Communications Corp. PAC

Mailing Address 5701 S. Santa Fe. Dr.

City State Zip Code  
Littleton CO 80120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24474

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

## **A.**

Full Name (Last, First, Middle Initial)

El Paso Energy PAC

Mailing Address 555 11th Street NW  
Suite 750

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA24466

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **B.**

Full Name (Last, First, Middle Initial)

FAMMED PAC

Mailing Address 2023 Massachusetts Ave. NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA24467

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **C.**

Full Name (Last, First, Middle Initial)

OPHTHPAC

Mailing Address 1101 Vermont Ave NW Ste 300

City State Zip Code  
Washington DC 20005-3570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA24468

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

RJR PAC

Mailing Address P.O. Box 718

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24473

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Safari Club International PAC

Mailing Address PO Box 159

City State Zip Code  
Wapato WA 98951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24471

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

SIRPAC

Mailing Address 3975 Fair Ridge Dr. Ste 400

City State Zip Code  
Fairfax VA 22033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24470

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** Tesoro Petroleum Corporation

Mailing Address 300 Concord Plaza Dr.

City State Zip Code  
 San Antonio TX 78216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24476

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** The Home Depot Inc. PAC

Mailing Address 101 Constitution Ave. NW Ste 800W

City State Zip Code  
 Washington DC 2001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24472

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** WedgePAC

Mailing Address PO Box 680063

City State Zip Code  
 Franklin TN 37068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA24475

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)

IPAA Wildcatter PAC Fund

Mailing Address 1201 15th Street NW Ste 300

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: SA24235

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Kerr-Mc Gee Corporation PAC

Mailing Address P.O. Box 25861

City State Zip Code  
 Oklahoma City OK 73125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: SA24234

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

PENPAC

Mailing Address PO Box 1131

City State Zip Code  
 Anderson IN 46015-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: SA24236

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City State Zip Code  
 Columbus GA 31999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24285

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B.** National Rural Letter Carrier's Association

Mailing Address 1630 Duke Street, 2nd Floor

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24281

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C.** Prosperity PAC

Mailing Address 429 North Saint Asaph St.

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24284

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** Texas Freedom Fund

Mailing Address 104 East Hume Ave.

City State Zip Code  
 Alexandria VA 22301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA24282

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** RFW PAC

Mailing Address PO Box 1321

City State Zip Code  
 Tupelo MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 4 / 2 0 0 6

Transaction ID: SA24368

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** American Bankers Association

Mailing Address 1120 Connecticut Ave. N.W.

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24289

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

California Dairies Federal PAC

Mailing Address PO Box 2198

City State Zip Code  
 Los Banos CA 93635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24291

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

CAMPAC

Mailing Address 5915 Eastman Ave.

City State Zip Code  
 Midland MI 48640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24372

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Cingular Wireless PAC

Mailing Address 5565 Glenridge Connector

City State Zip Code  
 Atlanta GA 30342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24293

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Citicorp Voluntary Political

Mailing Address 1101 Pennsylvania Ave.

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24373

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America, Inc.

Mailing Address 10220 N. Executive Hills Blvd.

City State Zip Code  
 Kansas City MO 65153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24288

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Democracy Believers PAC

Mailing Address 1155 21st St. NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24371

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

For Americas Republican Majority PAC

Mailing Address 675 N Washington St. Ste 410

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24382

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Henry E. Brown for Congress

Mailing Address 1035 Dominion Drive

City State Zip Code  
 Hanahan SC 29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24384

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

IDA-PAC

Mailing Address P.O. Box 70

City State Zip Code  
 Boise ID 83707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24286

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

IRL PAC

Mailing Address PO Box 10460

City State Zip Code  
 Burke VA 22009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24377

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Kennecott PAC

Mailing Address 1325 Pennsylvania Ave. NW  
 7th Floor

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24369

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Leadership for America's Future PAC

Mailing Address 3101 N Central Ave. Ste. 1500

City State Zip Code  
 Phoenix AZ 85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24374

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

## **A.** Majority in Congress PAC

Full Name (Last, First, Middle Initial)

Majority in Congress PAC

Mailing Address 601 N. Ferncreek Ave. Ste 200

City State Zip Code  
 Orlando FL 32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24379

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **B.** Price for Congress

Full Name (Last, First, Middle Initial)

Price for Congress

Mailing Address PO Box 425

City State Zip Code  
 Roswell GA 30077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24376

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **C.** PricewaterhouseCoopers PAC

Full Name (Last, First, Middle Initial)

PricewaterhouseCoopers PAC

Mailing Address 1301 K Street NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24385

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Professional Counselor Fund  
Mailing Address 5703 S. Kenwood Ave.

City State Zip Code  
Chicago IL 60637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24292

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rely On Your Beliefs Fund  
Mailing Address 209 Pennsylvania Ave SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24375

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
RICH PAC  
Mailing Address 1155 21st St., NW Ste 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24378

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** SBA List Candidate Fund

Mailing Address 1420 King Street, Suite 550

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3746.11

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24386

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Southern Company Employees PAC

Mailing Address 601 Pennsylvania Ave. NW Suite 800

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24287

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** The Badger Fund, Inc.

Mailing Address PO Box 373

City State Zip Code  
 Fairfax Station VA 22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24381

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

A. Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 111 C Street SE - Lower Unit

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24290

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

The John S. Fund

Mailing Address 1208 Leland Ave.

City State Zip Code  
 Springfield IL 62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24370

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Trust PAC

Mailing Address 228 S. Washington St Ste 115

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24383

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
US Cuba Democracy PAC  
Mailing Address 1200 W. 49th St.

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA24380

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists PAC  
Mailing Address 520 N Northwest Highway

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24478

Amount of Each Receipt this Period

3500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Fannie Mae PAC  
Mailing Address 3900 Wisconsin Ave.

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24448

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Kay Grainger Campaign Fund  
Mailing Address 715 Jones Street, Ste 101

City State Zip Code  
Fort Worth TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24479

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Leadership for America's Future PAC  
Mailing Address 3101 N Central Ave. Ste. 1500

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24464

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
RADPAC  
Mailing Address 1891 Preston White Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24465

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

The Good Fund

Mailing Address PO Box 3404

City State Zip Code  
Alexandria VA 22302
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA24477

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)

Friends of Sam Johnson

Mailing Address PO Box 860096

City State Zip Code  
Plano TX 75086
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA24342

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.** Full Name (Last, First, Middle Initial)

SkinPAC

Mailing Address 1350 I St. NW Suite 870

City State Zip Code  
Washington DC 20005
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA24341

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
 ACPAC  
 Mailing Address 4040 W 70th Street

City State Zip Code  
 Minneapolis MN 55435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24361

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Dunn PAC  
 Mailing Address PO Box 40110

City State Zip Code  
 Bellevue WA 98015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24365

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Friends of Zach Wamp  
 Mailing Address PO Box 24804

City State Zip Code  
 Chattanooga TN 37422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24364

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

A. Full Name (Last, First, Middle Initial)

Growth and Prosperity PAC

Mailing Address 1155 21st ST, NW Suite 300

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24363

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Heart PAC

Mailing Address 2250 N Rock Rd. #118-224

City State Zip Code  
 Wichita KS 67226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24367

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Midnight Sun PAC

Mailing Address 203 Maryland Ave. NE

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24362

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Prosperity PAC  
Mailing Address 429 North Saint Asaph St.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24360

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
U.S. Oncology, Inc. Good Govt Cttee  
Mailing Address 16825 Northchase Drive Suite 1300

City State Zip Code  
Houston TX 77060

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 6

Transaction ID: SA24366

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
The Williams Companies PAC  
Mailing Address 1627 Eye Street NW - Suite 900

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee.

C

Name of Employer  
N/AOccupation  
N/A

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24395

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A.** Wachovia Corporation Employees Good Government Fund

Mailing Address 301 S. College St.

City State Zip Code  
 Charlotte NC 28288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA24447

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** ERIC PAC

Mailing Address 25 E Main St., Ste 200

City State Zip Code  
 Richmond VA 23219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24455

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Fannie Mae PAC

Mailing Address 3900 Wisconsin Ave.

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24451

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Fannie Mae PAC  
Mailing Address 3900 Wisconsin Ave.

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24453

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gingery For Congress  
Mailing Address PO Box U

City State Zip Code  
Maretta GA 30061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24454

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lebouf, Lamb, Greene and Macrae PAC  
Mailing Address

City State Zip Code  
WY

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24456

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

Making Business Excel PAC

Mailing Address PO Box 3241

City State Zip Code  
 Cheyenne WY 82001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24460

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Penney PAC

Mailing Address P.O. Box 227481

City State Zip Code  
 Dallas TX 75222-7481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24450

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Sanofi-Aventis Employees PAC

Mailing Address 300 Somerset Corporate Blvd.

City State Zip Code  
 Bridgewater NJ 08807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24459

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 132

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)

SAXPAC

Mailing Address PO Box 40118

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24449

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Walgreen Co. PAC

Mailing Address 104 Wilmot Road MS

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 6

Transaction ID: SA24452

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

182992.65

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 132

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

## **A.** Qwest Communications

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 173754

City State Zip Code  
 Denver CO 80217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1299.45

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA24165

Amount of Each Receipt this Period

36.39

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## **B.** Little America

Full Name (Last, First, Middle Initial)

Mailing Address 2800 W Lincolnway

City State Zip Code  
 Cheyenne WY 82001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 6821.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 6

Transaction ID: SA24138

Amount of Each Receipt this Period

6821.22

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6857.61

**TOTAL** This Period (last page this line number only) .....

6857.61

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Qwest Communications</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 173754<br>City Denver State CO Zip Code 80217<br>Purpose of Disbursement Telephone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24179</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>78.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>B. AMBI Shipping</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 2951<br>City Casper State WY Zip Code 82602-2951<br>Purpose of Disbursement Mail Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        |  | <b>Transaction ID: SB24194</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>2027.33<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. AT&amp;T</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 78522<br>City Phoenix State AZ Zip Code 85062-8522<br>Purpose of Disbursement Long Distance<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          |  | <b>Transaction ID: SB24193</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>37.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2143.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Dorothy Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             |  | <b>Transaction ID: SB24185</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1397.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B. Eric Cullen</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 10860 E. Platte River Rd<br>City Evansville State WY Zip Code 82636<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24181</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>2038.75<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. Eric Cullen</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 10860 E. Platte River Rd<br>City Evansville State WY Zip Code 82636<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24182</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>870.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4306.54**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Helen Mitton<br>Mailing Address 1042 Bretton Dr.<br>City Casper State WY Zip Code 82609<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |   | <b>Transaction ID:</b> SB24186<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>1306.25</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 | 1306.25 |
| M   | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 8 |   | 0       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1306.25   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Helen Mitton<br>Mailing Address 1042 Bretton Dr.<br>City Casper State WY Zip Code 82609<br>Purpose of Disbursement July Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         |   | <b>Transaction ID:</b> SB24195<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>122.38</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 | 122.38  |
| M   | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 8 |   | 0       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 122.38  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Luke Neubert<br>Mailing Address<br>City Laramie State WY Zip Code 82070<br>Purpose of Disbursement Travel and Sign Expense Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <b>Transaction ID:</b> SB24196<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>872.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 | 872.60  |
| M   | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 8 |   | 0       | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 872.60  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   |   | <table border="1"> <tr> <td>2301.23</td> </tr> </table>   | 2301.23 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2301.23   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>TOTAL</b> This Period (last page this line number only) .....  |   | <table border="1"> <tr> <td></td> </tr> </table>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Harry Ptasynski   |  | <b>Transaction ID:</b> SB24615<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 |
| M  | M  | /  | D | D       | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 8  |  | 0 | 4       |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 43  |  | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   | 400.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 400.00   |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Casper<br>State WY<br>Zip Code 82602  | Purpose of Disbursement<br>Refund<br>Candidate Name  | <input type="checkbox"/> Category/<br>Type   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. John Joe Ricketts   |  | <b>Transaction ID:</b> SB24614<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 |
| M  | M  | /  | D | D       | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 8  |  | 0 | 4       |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 31519   |  | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |   | 2100.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2100.00  |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Omaha<br>State NE<br>Zip Code 68131   | Purpose of Disbursement<br>Refund<br>Candidate Name  | <input type="checkbox"/> Category/<br>Type   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Scott Cottington  |  | <b>Transaction ID:</b> SB24188<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 0 | 6 |
| M  | M  | /  | D | D       | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 8  |  | 0 | 4       |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4733 West 99th Street  |  | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |   | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2000.00  |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Bloomington<br>State MN<br>Zip Code 55437   | Purpose of Disbursement<br>Campaign Consulting<br>Candidate Name   | <input type="checkbox"/> Category/<br>Type   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |  | <table border="1"> <tr> <td>4500.00</td> </tr> </table>  |   | 4500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4500.00  |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | <table border="1"> <tr> <td></td> </tr> </table>   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  |  |  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Shea Ward</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1622 Westridge Place<br>City Casper State WY Zip Code 82604<br>Purpose of Disbursement Compliance Software Consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        |  | <b>Transaction ID: SB24187</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>750.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B. WERCS Communication</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 400 E. First St.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Phone System<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    |  | <b>Transaction ID: SB24191</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>228.06<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C. Winfrey &amp; Company</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 811 Chetworth Place<br>City Alexandria State VA Zip Code 22314<br>Purpose of Disbursement Fundraising Consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24189</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>3990.87<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4968.93**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Wyoming Financial Properties**

Mailing Address 400 E. First ST.

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24190**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

540.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Wyoming Stationery**

Mailing Address P.O. Box 19

City Casper State WY Zip Code 82602

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24192**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

257.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Ms. Cheri Harriet**

Mailing Address PO Box 3428

City Alpine State WY Zip Code 83128

Purpose of Disbursement  
INKIND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24164**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

310.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1107.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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PAGE 98 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |   |
|--|--|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Bill Maiers</b>  |  | <b>Transaction ID:</b> SB24183<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>07</div> <div>2006</div> </div> |   |
| Mailing Address 803 Kirk Ave.  |  |   |   |
| City<br>Casper   | State<br>WY  | Zip Code<br>82601   | Amount of Each Disbursement this Period<br><div>1970.50</div>                                       |
| Purpose of Disbursement<br>Wages   |  | <div>Category/Type</div>  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name   |  |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Bill Maiers</b>  |  | <b>Transaction ID:</b> SB24184<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>07</div> <div>2006</div> </div> |   |
| Mailing Address 803 Kirk Ave.  |  |   |   |
| City<br>Casper   | State<br>WY  | Zip Code<br>82601   | Amount of Each Disbursement this Period<br><div>1070.65</div>                                       |
| Purpose of Disbursement<br>Expenses  |  | <div>Category/Type</div>  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name   |  |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Gases Plus</b>   |  | <b>Transaction ID:</b> SB24198<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>07</div> <div>2006</div> </div> |   |
| Mailing Address 1901 East E Street   |  |   |   |
| City<br>Casper   | State<br>WY  | Zip Code<br>82601   | Amount of Each Disbursement this Period<br><div>114.88</div>  |
| Purpose of Disbursement<br>Helium for balloons   |  | <div>Category/Type</div>  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name   |  |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3156.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 99 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. Luke Neubert</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State Zip Code<br>Laramie WY 82070<br>Purpose of Disbursement<br>Mileage Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24197</b><br>Date of Disbursement<br>08 / 07 / 2006<br>Amount of Each Disbursement this Period<br>216.67<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B. Pit Crew</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State Zip Code<br>Wheatland WY 82201<br>Purpose of Disbursement<br>Catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                |  | <b>Transaction ID: SB24199</b><br>Date of Disbursement<br>08 / 07 / 2006<br>Amount of Each Disbursement this Period<br>425.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. Adbay</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address W. 1st<br>City State Zip Code<br>Casper WY 82601<br>Purpose of Disbursement<br>Design<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |  | <b>Transaction ID: SB24202</b><br>Date of Disbursement<br>08 / 10 / 2006<br>Amount of Each Disbursement this Period<br>65.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b> .....   |  | <b>706.67</b>  |
| <b>TOTAL This Period (last page this line number only)</b> .....  |  |  |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Hillcrest Spring Water</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 315 N. Wolcott<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Water for Office<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         |  | <b>Transaction ID: SB24203</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>62.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>B. Hilltop National Bank</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2680<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Payroll Tax Deposit<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          |  | <b>Transaction ID: SB24204</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>2976.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. Scott Cottingham</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4733 West 99th Street<br>City Bloomington State MN Zip Code 55437<br>Purpose of Disbursement Production Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24200</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>748.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3786.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A. Wyoming Livestock Roundup**

Mailing Address P.O. Box 170

City State Zip Code  
Worland WY 82401Purpose of Disbursement  
Advertising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB24206

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Aramark Sports and Entertainment**

Mailing Address 2400 East Capital St. SE

City State Zip Code  
Washington DC 20003Purpose of Disbursement  
Fundraising Event Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB24622

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 1 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

830.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Chasecard Services**

Mailing Address PO Box 94014

City State Zip Code  
Palatine IL 60094Purpose of Disbursement  
Credit Card Charges

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB24172

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 1 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

2249.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

2499.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Chasecard Services**

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24173**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Reflections Photography**

Mailing Address 6408-P Seven Corners

City Falls Church State WY Zip Code 22044

Purpose of Disbursement  
Photo production for fundraising event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24623**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1425.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Shea Ward**

Mailing Address 1622 Westridge Place

City Casper State WY Zip Code 82604

Purpose of Disbursement  
Compliance Software Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24174**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. United Airlines</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 28870<br>City Tucson State AZ Zip Code 85726<br>Purpose of Disbursement Travel Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  | <b>Transaction ID: SB24624</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>606.59<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>B. Dell Business Center</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 5275<br>City Carol Stream State IL Zip Code 60197<br>Purpose of Disbursement Computer<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24178</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>200.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53                       |
| <b>C. Mr. Brian King</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 3241<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement INKIND<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               |  | <b>Transaction ID: SB24160</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>294.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53                       |

**SUBTOTAL** of Disbursements This Page (optional) .....

**494.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. Smith's Food and Drug</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2405 Cy Ave<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24209</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>78.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B. USPS</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Washington State DC Zip Code 20001<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          |  | <b>Transaction ID: SB24208</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>200.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. USPS</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Washington State DC Zip Code 20001<br>Purpose of Disbursement Post Office Box Rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             |  | <b>Transaction ID: SB24210</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>72.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   |  | <b>350.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |  |



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |  |
|--|--|--|
| <b>A. Casper Star Tribune</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 170 Star Lane<br>City Casper State WY Zip Code 82604<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        |  | <b>Transaction ID: SB24207</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>738.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B. Federal Express</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 1140<br>City Memphis State TN Zip Code 38101<br>Purpose of Disbursement Shipping<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              |  | <b>Transaction ID: SB24213</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>49.69<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C. Qwest Communications</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 173754<br>City Denver State CO Zip Code 80217<br>Purpose of Disbursement Telephone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24212</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>43.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**831.49**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. Verizon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 790293<br>City St. Louis State MO Zip Code 63179-0293<br>Purpose of Disbursement<br>Cell Phone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24215</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>41.91<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53  |
| <b>B. Verizon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 790293<br>City St. Louis State MO Zip Code 63179-0293<br>Purpose of Disbursement<br>Cell Phone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24214</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>215.12<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>C. Mrs. Jackie King</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 3241<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement<br>INKIND<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                |  | <b>Transaction ID: SB24162</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>414.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) .....

**671.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Snake River Lodge**

Mailing Address 7710 Granite Loop Rd.

City Teton Village State WY Zip Code 83025

Purpose of Disbursement  
Fundraising Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24621

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2200.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Casper Petroleum Club**

Mailing Address

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Dell Business Center**

Mailing Address PO Box 5275

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Computer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24221

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address P.O. Box 1140

City State Zip Code  
Memphis TN 38101

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24557**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. House of Printing**

Mailing Address P.O. Box 1688

City State Zip Code  
Casper WY 82602

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24218**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

782.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Qwest Communications**

Mailing Address PO Box 173754

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Telephone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24220**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

903.39

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A. Casper Events Center**

Mailing Address Information Requested

City State Zip Code  
Casper WY 82601Purpose of Disbursement  
Booth Rental

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24558

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 8 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

240.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Hilltop Bank Visa**

Mailing Address PO Box 2680

City State Zip Code  
Casper WY 82602Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24224

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

775.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Hilltop National Bank**

Mailing Address PO Box 2680

City State Zip Code  
Casper WY 82601Purpose of Disbursement  
Sweep Account Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24616

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1040.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A. Office Max**

Mailing Address 3540 East 2nd Street

City Casper State WY Zip Code 82605

Purpose of Disbursement  
Office Suppl Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24634

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.79 |
|-------|

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address P.O. Box 28870

City Tucson State AZ Zip Code 85726

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24635

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|       |
|-------|
| 85.00 |
|-------|

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Becky Cole**

Mailing Address

City State WY Zip Code

Purpose of Disbursement  
Travel Reimbursement-Per Diem

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24570

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 1 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 360.00 |
|--------|

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Becky Cole</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State WY Zip Code<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                      |  | <b>Transaction ID: SB24568</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1729.35<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B. Bill Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24571</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>785.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C. Bill Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  | <b>Transaction ID: SB24561</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1970.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |  | <b>4485.48</b>  |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  |   |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |  |
|--|--|--|
| <b>A. Bill Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Travel Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  | <b>Transaction ID: SB24629</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>147.23<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>B. Bill Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |  | <b>Transaction ID: SB24627</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>236.74<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>C. Bill Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Gasoline Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24628</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>145.15<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |  | 0.00   |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  |  |



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. Dorothy Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     |  | <b>Transaction ID: SB24566</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>293.07<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                       |
| <b>B. Dorothy Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        |  | <b>Transaction ID: SB24564</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1397.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                      |
| <b>C. Dorothy Maiers</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 803 Kirk Ave.<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Travel Expense Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24632</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>119.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   |  | 1690.07  |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |  |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Eric Cullen<br>Mailing Address 10860 E. Platte River Rd  | <b>Transaction ID:</b> SB24563<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>31</div> <div>2006</div> </div>  |
| City Evansville State WY Zip Code 82636<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | <b>Amount of Each Disbursement this Period</b><br><div>2038.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Eric Cullen<br>Mailing Address 10860 E. Platte River Rd  | <b>Transaction ID:</b> SB24567<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>31</div> <div>2006</div> </div>  |
| City Evansville State WY Zip Code 82636<br>Purpose of Disbursement Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Amount of Each Disbursement this Period</b><br><div>563.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Helen Mitton<br>Mailing Address 1042 Bretton Dr.   | <b>Transaction ID:</b> SB24562<br><b>Date of Disbursement</b><br><div> <div>08</div> <div>31</div> <div>2006</div> </div>  |
| City Casper State WY Zip Code 82609<br>Purpose of Disbursement Wages<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Amount of Each Disbursement this Period</b><br><div>1306.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   | <div>3908.66</div>   |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |   |
|---|--|---|
| <b>A. Shea Ward</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1622 Westridge Place<br>City Casper State WY Zip Code 82604<br>Purpose of Disbursement Compliance/Software Consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  | <b>Transaction ID: SB24560</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>750.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B. Smith's Food and Drug</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2405 Cy Ave<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       |  | <b>Transaction ID: SB24569</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>78.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>C. Scott Cottingham</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4733 West 99th Street<br>City Bloomington State MN Zip Code 55437<br>Purpose of Disbursement Campaign Consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24559</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2828.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. WERCS Communication**

Mailing Address 400 E. First St.

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Phone System

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24574**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

278.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Wyoming Financial Properties**

Mailing Address 400 E. First ST.

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24573**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

540.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. AT&T**

Mailing Address P.O. Box 78522

City Phoenix State AZ Zip Code 85062-8522

Purpose of Disbursement  
Long Distance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24575**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

856.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. USPS</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Washington State DC Zip Code 20001<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  | <b>Transaction ID: SB24579</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>58.18<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>B. Winfrey &amp; Company</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 811 Chetworth Place<br>City Alexandria State VA Zip Code 22314<br>Purpose of Disbursement Fundraising Consulting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24578</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>4462.34<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. Wyoming Stationery</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 19<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Office Supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       |  | <b>Transaction ID: SB24576</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>61.11<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4581.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Gases Plus**

Mailing Address 1901 East E Street

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Helium for balloons

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24582

Date of Disbursement

/   /

Amount of Each Disbursement this Period

111.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. The Tarrance Group**

Mailing Address 211 N. Union St. - Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Polling

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24580

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7352.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. WERCS Communication**

Mailing Address 400 E. First St.

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Phone System

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

302.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

7766.02

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Hilltop National Bank<br>Mailing Address PO Box 2680<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Payroll Tax Deposit<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <b>Transaction ID:</b> SB24585<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>3507.30</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 3 |  | 2 | 0 | 0 | 6 | 3507.30 |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 3507.30   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>House of Printing<br>Mailing Address P.O. Box 1688<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Printing<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              |   | <b>Transaction ID:</b> SB24586<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>946.05</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 3 |  | 2 | 0 | 0 | 6 | 946.05  |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 946.05  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Postmaster<br>Mailing Address 150 East B Street<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  |   | <b>Transaction ID:</b> SB24589<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>117.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 3 |  | 2 | 0 | 0 | 6 | 117.00  |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 117.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**SUBTOTAL** of Disbursements This Page (optional) .....

4570.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. AMBI Shipping**

Mailing Address P.O. Box 2951

City Casper State WY Zip Code 82602-2951

Purpose of Disbursement

Mail Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24591**

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

1975.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Cash**

Mailing Address PO Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement

Petty Cash

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24593**

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Hillcrest Spring Water**

Mailing Address 315 N. Wolcott

City Casper State WY Zip Code 82601

Purpose of Disbursement

Water for Office

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24592**

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

34.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2210.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. AVW-TELAV-A/V Solutions**

Mailing Address PO Box 650519

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Audio Visual work for Event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24581**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1286.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Bullwhip Catering**

Mailing Address

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24601**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2703.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Federal Express**

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24594**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4009.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |  |
|--|--|--|
| <b>A. House of Printing</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 1688<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Printing<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24602</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>777.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B. Meals on Wheels</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Donation<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |  | <b>Transaction ID: SB24598</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 150 East B Street<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     |  | <b>Transaction ID: SB24603</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>317.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) .....

1194.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Qwest Communications**

Mailing Address PO Box 173754

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Telephone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24595**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Verizon**

Mailing Address P.O. Box 790293

City State Zip Code  
St. Louis MO 63179-0293

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24597**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Verizon**

Mailing Address P.O. Box 790293

City State Zip Code  
St. Louis MO 63179-0293

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24596**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

383.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |   |
|---|--|---|
| <b>A. Dell Business Center</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 5275<br>City Carol Stream State IL Zip Code 60197<br>Purpose of Disbursement Computer<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  | <b>Transaction ID: SB24606</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>200.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B. Our Town Casper</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4010A S. Poplar, #112<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24604</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>270.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C. AMBI Shipping</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 2951<br>City Casper State WY Zip Code 82602-2951<br>Purpose of Disbursement Mail Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     |  | <b>Transaction ID: SB24607</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1917.49<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2387.49**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|   |  |  |
|---|--|--|
| <b>A. Antler Inn</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City Jackson State WY Zip Code 83001<br>Purpose of Disbursement Travel Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                |  | <b>Transaction ID: SB24648</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>475.72<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>B. Hilltop Bank Visa</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2680<br>City Casper State WY Zip Code 82602<br>Purpose of Disbursement Credit Card Payment<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         |  | <b>Transaction ID: SB24608</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1940.29<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                      |
| <b>C. Northwest Airlines</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 12913 Ridgedale Dr.<br>City Minnetonka State MN Zip Code 55305<br>Purpose of Disbursement Travel Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24649</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>472.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   |  | 1940.29  |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |  |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A. Office Max</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3540 East 2nd Street<br>City Casper State WY Zip Code 82605<br>Purpose of Disbursement Office Suppl Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24643</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>24.14<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>B. Office Max</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3540 East 2nd Street<br>City Casper State WY Zip Code 82605<br>Purpose of Disbursement Office Suppl Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24641</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>15.74<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>C. Office Max</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3540 East 2nd Street<br>City Casper State WY Zip Code 82605<br>Purpose of Disbursement Office Suppl Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB24642</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>85.48<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |  | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  |   |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Smith's Food and Drug**

Mailing Address 2405 Cy Ave

City Casper State WY Zip Code 82601

Purpose of Disbursement

Event Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24645

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Smith's Food and Drug**

Mailing Address 2405 Cy Ave

City Casper State WY Zip Code 82601

Purpose of Disbursement

Event Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. The Wonder Bar**

Mailing Address Center Street

City Casper State WY Zip Code 82601

Purpose of Disbursement

Meals/Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24610

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**99.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 132

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. Touch of Class**

Mailing Address 10 W. Broadway

City Jackson State WY Zip Code 83001

Purpose of Disbursement  
FR Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24646

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

404.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. US House of Representatives**

Mailing Address Independence Ave & Capitol St

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Constituent Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24644

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

100.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Arena Communications**

Mailing Address 1780 W. Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24612

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

3964.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3964.75

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 / 132

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

**A. Arena Communications**

Mailing Address 1780 W. Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement  
Printing and Mailing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24611

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

19880.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Hilltop National Bank**

Mailing Address PO Box 2680

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Sweep Account Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24617

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 8 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Gallegher Media, Inc**

Mailing Address 627 Snelling Ave South, Suite 210

City Minneapolis State MN Zip Code 55116

Purpose of Disbursement  
Media Buys

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24613

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 9 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

60018.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

79923.84

TOTAL This Period (last page this line number only) .....

164925.47

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 132

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☒ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Lincoln County GOP<br>Mailing Address<br>City State WY Zip Code<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |  | <b>Transaction ID:</b> SB24175<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Natrona County Republican Party<br>Mailing Address PO Box 3576<br>City Casper State WY Zip Code 82601<br>Purpose of Disbursement Donation<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB24170<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ray Hunkins 4 Governor<br>Mailing Address PO Box 291<br>City Cheyenne State WY Zip Code 82003<br>Purpose of Disbursement Refund<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           |  | <b>Transaction ID:</b> SB24163<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 3 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>400.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....  |  | 1000.00   |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | 1000.00   |

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 132

|                              |                              |   |                              |
|------------------------------|------------------------------|---|------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a            | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input checked="" type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. SBA List Candidate Fund**

Mailing Address 1420 King Street, Suite 550

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
INKIND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB24158

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

1492.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1492.65

**TOTAL** This Period (last page this line number only) .....

1492.65

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 132

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Cubin For Congress, Inc.

Full Name (Last, First, Middle Initial)

## **A. National Association of Home Builders**

Mailing Address 1201 15th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24626**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6023.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. National Association of Home Builders**

Mailing Address 1201 15th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24625**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2948.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Republican National Committee**

Mailing Address 310 First Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement  
VP Plane Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB24619**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

23972.78

**TOTAL** This Period (last page this line number only) .....

23972.78